



## MassHealth Pharmacy Program Respiratory Initiative

### A. Respiratory inhalant products that DO NOT require prior authorization (PA)

#### Inhaled Short-Acting Beta<sub>2</sub> Agonists

albuterol (generic)  
metaproterenol inhalation solution (generic)  
ProAir HFA (albuterol HFA)

#### Inhaled Corticosteroids

AeroBid (flunisolide)  
Asmanex (mometasone)  
Azmacort (triamcinolone)  
Flovent (fluticasone)  
Pulmicort (budesonide)  
Qvar (beclomethasone)

#### Inhaled Combination Products

DuoNeb # (albuterol/ipratropium)  
Combivent (albuterol/ipratropium)

#### Miscellaneous Inhaled Products

Atrovent # (ipratropium)  
Intal # (cromolyn)  
Spiriva (tiotropium)  
Tilade (nedocromil)

### B. Respiratory inhalant products that DO require prior authorization (PA)

#### Inhaled Long-Acting Beta<sub>2</sub> Agonists

Brovana (arformoterol) – PA  
Foradil (formoterol) – PA  
Serevent (salmeterol) – PA

#### Inhaled Combination Product

Advair (fluticasone/salmeterol) – PA  
Symbicort (budesonide/formoterol) – PA

#### Inhaled Beta<sub>2</sub> Agonists

Alupent (metaproterenol) - PA  
Maxair (pirbuterol) – PA  
Proventil (albuterol) – PA  
Ventolin (albuterol) – PA  
Xopenex (levalbuterol) – PA

### C. Criteria for inhaled long-acting beta<sub>2</sub> agonists (for the management of asthma only)

#### 1. The following inhaled long-acting beta<sub>2</sub> agonists require prior authorization (PA) and have quantity limits of one inhaler per month:

- Foradil (formoterol) – PA
- Serevent (salmeterol) – PA

The prescriber must provide documentation that the member:

- has a diagnosis of COPD or exercise-induced bronchospasm;
- is concurrently using an inhaled corticosteroid for the treatment of asthma; *or*
- the prescriber must show why concurrent therapy with an inhaled corticosteroid would not be clinically appropriate.

#### 2. The inhaled combination product Advair (fluticasone/salmeterol) requires prior authorization (PA) and has a quantity limit of one inhaler per month. The prescriber must provide documentation that the member:

- has a diagnosis of COPD;
- has previously tried inhaled corticosteroid monotherapy;
- is stable on inhaled combination product; *or*
- has moderate-to-severe persistent asthma.

**Note:** The prescriber will NOT be required to submit a paper PA form for an Advair prescription if the member has filled a prescription for inhaled corticosteroids or Advair within the last four months.\*

### D. The following oral asthma medications DO require PA (and the prescriber is required to submit a paper PA form) if, over the last two years, the member has not filled a prescription for an inhaled short- or long-acting beta<sub>2</sub> agonist or corticosteroid or has not had medical claim submitted for asthma.

- Accolate (zafirlukast) – PA > 16 years
- Singulair (montelukast) – PA > 16 years
- Zflo (zileuton) – PA

### E. The FDA-issued public health advisory on the use of long-acting beta<sub>2</sub>-agonist inhalers is available at <http://www.fda.gov/cder/drug/advisory/LABA.htm>

# This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

\* Note: The decision on whether PA is required is based upon information available in the MassHealth database. The MassHealth database contains member drug utilization information exclusive to MassHealth, and no other health plans.